DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 10/07/2003 Date Investigation Completed: 07/06/2004

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.